

OCT 27 2005

FAX

To: COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA, VA 22313-1450	From: JAMES HEIDENREICH ZILBIX, INC.
Fax # (571) 273-8300	Phone # (781) 639-1170
Date:	<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Confidential <input type="checkbox"/> Confirm Receipt
Number of Pages: (Including Cover) 9 PAGES	Reply Fax #:

Message: I AM HEREBY TRANSMITTING REVOLUTIONS
OF POWER OF ATTORNEY & CHANGE OF
ADDRESS FOR 4 APPLICATIONS. (2 FORMS EACH).

THANK YOU.

OCT. 27th, 2005

THIS IS THE FIRST OF TWO FAXES.

OCT 27 2005

PTO/SB/82 (04-05)
Approved for use through 11/30/2005. OMB 0631-0035
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/705,654
	Filing Date	11/10/2003
	First Named Inventor	HIGGINS, LINDA S.
	Art Unit	2121
	Examiner Name	MICHAEL B. HOLMES
	Attorney Docket Number	286949.122-4515

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

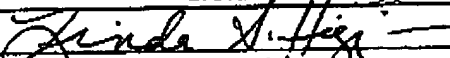
<input checked="" type="checkbox"/> Firm or Individual Name	ZILBIX, INC.		
Address	ATTN: LINDA S. HIGGINS P.O. BOX 8471		
City	SALVEM	State	MA
Country	U.S.A.		
Telephone	(781) 639-1170	Email	
Zip	01971		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	LINDA S. HIGGINS		
Date	10/26/05	Telephone	(781) 639-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	10,705,654
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First Named Inventor	LINDA S. HIGGINS
Art Unit	2121
Examiner Name	MICHAEL B. HOLMES
Attorney Docket Number	286969-122485X

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OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name

Address

City

Country

Telephone

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☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

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